

SES PROVIDER APPLICATION**Part B****PROVIDER SERVICE SUMMARY**

(This information will be available on-line to parents, schools, and the general public.)

PROVIDER INFORMATION

NAME OF PROVIDER:

Wentzville School District

MAILING ADDRESS:

719 W. Pearce Blvd.

CITY:

Wentzville

STATE:

MO

ZIP CODE:

63385

PHONE NUMBER:

636-327-5090 x291

FAX NUMBER:

636-327-0054

E-MAIL ADDRESS:

alicosmosquera@wentzville.k12.mo.us

PRIMARY CONTACT INFORMATION

NAME:

Alice Mosquera

PHONE NUMBER:

636-327-5090 x291

E-MAIL ADDRESS:

alicosmosquera@wentzville.k12.mo.us

SERVICES**Provider status—check all that apply:**

- ☐ For-profit organization
☐ Non-profit organization
☐ Faith-based organization

- ☒ School district
☐ School building
☐ Individual
☐ Other: _____

Areas to be served by provider:

- ☐ All school districts in Missouri
☒ Specific districts or counties. Please list: Wentzville School District

Number of sessions per week:**Minimum/maximum numbers:**

Minimum number of students required before offering services: 10

Maximum number of students to be served at a session: 100 approx.

Cost per session:**Proposed location of service delivery:**

- ☒ Student's school site (if negotiated with the district)
☐ Provider site
☐ Other--explain: _____

If service delivery is not at the student's school, is transportation provided? If so, is there a separate fee?
(Note: Districts are not required to provide or pay for transportation).

Certification of instructors:

- ☒ Baccalaureate degree in education
☐ Baccalaureate degree in related field of instruction. Please list related field(s): _____
☒ Reading Specialist
☐ Other: _____

Additional education and/or experience:

- ☐ Masters level degrees or above in either reading or mathematics
☒ Missouri teacher certificated/licensed teachers
☒ Experience teaching students with specific disabilities
☒ Experience teaching LEP students
☐ Ability to speak languages other than English. Please list: _____
☐ Other: _____

Tutoring subjects available:☒ Reading ☒ Writing ☒ Math**Grade Levels Served:**☐ K-2 ☒ 3-5 ☐ 6-8 ☐ 9-12**Title or description of tutoring curriculum utilized:** SOAR to Success, CGI**Time of Service:**☐ Before School
☒ After School
☐ Weekends
☐ Summer
☐ Other: _____**Mode of Instructional Delivery:**☒ Individual one-on-one tutoring
☒ Small group instruction (2 to 5 students)
☐ Large group instruction (6 to 10 students)
☐ On-Line/Web-based
☐ Other: _____**Specifics of reporting to parents & school (check all that apply):****Method:**☒ letters
☒ phone calls
☒ conference with parents
☒ conference with parents & school
☐ other: _____**Frequency:**☐ weekly
☐ bi-monthly
☒ monthly
☐ other: _____**Specific Student Populations Served:**

If your organization has provided supplemental services to any of the following groups, please check the corresponding box.

☒ Low-income students
☐ Minority students
☐ Migrant students
☐ Limited English proficient students (LEP)
☐ Special education students
☐ Other—describe: _____
☐ Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.
Indicate subgroups: _____**Effectiveness:**

Give a brief description of evidence you have that demonstrates effectiveness of your program/services. (This will be shared with parents).
